

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	<i>12</i>	<i>7/26/90</i>
O.I.P.E. CLASSIFIER	<i>SP</i>	<i>827</i>	<i>8-30-90</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N' ..... Non-elected  
 = ..... Allowed      I' ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9/14/89
2	9/14/89
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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